



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Generation coronavirus?

The catastrophic elements that have perpetuated the COVID-19 pandemic—global interconnectedness, climate change due to human activity, vast economic inequality, and deep veins of antisocialism—have resulted in more than 9 million infections and almost 500 000 deaths worldwide. Although children might be less susceptible to infection by severe acute respiratory syndrome coronavirus 2 and generally have better outcomes than adults, COVID-19 as a phenomenon weighs heavily on their health and wellbeing. Today's children are digital natives born after the turn of the 21st century, who inhabit a planet in crisis and now will inherit the unknowns of a pandemic aftermath. This roiling milieu offers a moment in which a new agenda for health could emerge with children and adolescents at the centre, which could determine if this generation—Gen C—will be defined and confined by the losses from COVID-19.

With much of the world on pause, children and adolescents have been expected to move agilely between their analogue family lives and digital environments. Yet even children and adolescents who are emotionally and physically healthy and well cared for can experience the potentially deleterious repercussions of this rapid transition. By April, 2020, over 90% of the world's students were unable to physically attend school. Closures intended to slow the pandemic's spread have been controversial and distinctly double-edged.

The huge disruption to young people's education risks their wellbeing in the short term, and could affect their entire lives. Schools also operate to compensate for societal shortcomings. For many children and adolescents, the ability to attend school is the difference between eating or going without. In South Africa, where malnutrition contributes to child mortality, over 75% of children receive at least one meal a day at school. Countries such as the USA and the UK have also seen dramatic increases in families reporting food insecurity and food bank use, indicating the burgeoning issues associated with increased financial hardship and unemployment. In places where social protections have been more limited, such as Latin America, the ensuing poverty from a COVID-19-related economic downturn could disproportionately affect children, who could be forced into child labour for survival and forego schooling, a crushing erasure of gains in recent decades to reduce child exploitation.

Maltreatment of children, whether physical, sexual, or emotional, increases during times of conflict. Indeed, many metrics of child maltreatment have increased, including emergency department visits for serious injury and abuse hotline calls. Other effects of physical distancing and school closures, such as deterioration of routines or restricted peer social contact, could cause new or exacerbate existing mental health issues and enhance the risk of developing psychological disorders. Safeguarding the health and wellbeing of children and adolescents must be developmentally appropriate for specific age groups, but also for the spectrum of conditions and challenges that young people might have to cope with, including those who are medically fragile or who have special needs. Distance learning might be productive for some older children and adolescents, but certainly not all, and the digital divide created by inequities in access to technology and the internet has deepened.

The response from major medical organisations about the effects of the COVID-19 pandemic on children and adolescents more generally has been muted and overdue, coming at the end of the school year for many. The American Academy of Pediatrics published guidance about school reopening in the USA in May, 2020, noting that communities should prepare for the possibility of repeated closures but deferred to state and local authorities about safety and timelines. On June 17, in an open letter to the prime minister, more than 1500 paediatricians from the Royal College of Paediatrics and Child Health charged that without an articulated plan to reopen schools in the UK, "risks scarring the life chances of a generation of young people".

As detailed in the February, 2020, WHO–UNICEF–Lancet Commission, worthy investment in children and adolescents goes beyond formal education and encompasses community engagement and participation. The responsibility now falls to adult policy makers not only to replace what is missing—meals, vaccinations, and exams—but also to sustainably replace and extend the scaffolding, and to replenish the commitment to ensuring that the future for children and adolescents is worthy of them. Children and adolescents should be involved in the rebuilding at every step and allowed to decide whether Gen C will stand for something more than coronavirus. ■ *The Lancet*



CrossMark



Ricardo Castelan Cruz/Getty Images

For more on **school closures in South Africa and the impact on children** see <https://nicspaull.files.wordpress.com/2020/06/vander-berg-spaul-2020-counting-the-cost-covid-19-children-and-schooling-15-june-2020.pdf>

For more on **food insecurity in the USA** see <https://www.brookings.edu/blog/up-front/2020/05/06/the-covid-19-crisis-has-already-left-too-many-children-hungry-in-america/>

For more on **COVID-19 and child labour** see https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_747421.pdf

For more on **child maltreatment during COVID-19** see <https://www.washingtonpost.com/education/2020/04/30/child-abuse-reports-coronavirus/>

For more on the **effects of social deprivation on adolescent development and mental health** see [Viewpoint Lancet Child Adolesc Health 2020; published online June 12. https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30186-3/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30186-3/fulltext)

For the **American Academy of Pediatrics guidance on school reopening** see <https://www.aappublications.org/news/2020/05/05/covid19schoolopening050520>

For the **open letter from the Royal College of Paediatrics and Child Health** see <https://www.theguardian.com/education/2020/jun/17/children-need-back-to-school-plan-urgently-doctors-tell-boris-johnson>

For the **WHO–UNICEF–Lancet Commission** see [The Lancet Commissions Lancet 2020; 395: 605–58](https://www.thelancet.com/commission/2020)